

VISIT...

LANZAROTE
Caliente.COM

Student Information Form

Name _____

Address _____

City _____ **State** _____ **ZIP** _____

Parent Name _____

Home Phone _____ **Work Phone** _____

Grade _____ **Home room teacher** _____

Birthday _____

Times of day available for tutoring

M _____ **T** _____ **W** _____ **TH** _____ **F** _____

Areas where student needs help (check all that apply)

_____ Letter recognition and formation (alphabet)

_____ Sound recognition (phonological awareness)

_____ Phonics

_____ High-frequency words

_____ Vocabulary

_____ Fluency

_____ Comprehension (leveled reading)

Student's reading level aa through Z

End of quarter 1 _____

End of quarter 2 _____

End of quarter 3 _____

End of quarter 4 _____

Fluency level (reading rate) _____ words / minute

End of quarter 1 _____

End of quarter 2 _____

End of quarter 3 _____

End of quarter 4 _____